

State of Maryland
Department of Health and Mental Hygiene
Obligated Service Agreement

This Obligated Service Agreement, hereafter referred to as "agreement", is entered into between the employee named below and the Department of Health and Mental Hygiene (DHMH).

As an employee, about to participate in the DHMH Work-Study Program, I agree to the following:

1. If I am approved for the DHMH Work-Study Program, I will abide by the requirements of this Program as defined in the Tuition Reimbursement Guidelines.
2. If my work-study is approved, I (a) will participate in and complete the program to the best of my ability unless my withdrawal is required by or acceptable to the appointing authority of my department, agency or institution, and (b) will remain an employee of the DHMH following completion of the degree program for a period as stated in the Timekeeping Conversion Chart. (See Chart below)
3. I agree that the obligated service period shall be computed by my registration coordinator, in conjunction with my payroll department, and that the period of obligated service shall commence on the first work day following completion of the degree program, or if I withdraw from the program. Payback hours will be based on time taken as indicated on my timesheets. (See Chart Below)

Timekeeping Conversion Chart

Up to 10 hours per week of work study time = hour per hour payback

Any work study time over 10 hours through 20 hours per week = 1.5 times per hour payback

Any work study time over 20 hours through 40 hours per week = 3 times per hour payback

(40 hours) = **Work Release**

4. If I leave the DHMH, I agree that any pre-calculated work-study time, not paid back, would be converted to salary owed the DHMH. For example, if I had 12 more weeks that I still owed the DHMH, that time would be converted to 12 weeks of my salary, which would be paid back in full to the DHMH.
5. I agree that amount which becomes due the DHMH as a result of my failure to meet the terms of this agreement may be withheld from any money due me from the DHMH.
6. I understand, in the judgment of the Secretary of the DHMH, that if my separation is necessitated by adverse, unforeseen, and/or extenuating circumstances that impose undue personal hardship, I may be released from this agreement.

Print Name

Date

Signature of Employee

Date

Secretary, DHMH, or Designee